

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>OB</i>	<i>2525</i>	<i>10-18-99</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>10-20-99</i>
FORMALITY REVIEW	<i>RD</i>	<i>61730</i>	<i>10-28</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ○ ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

*11/2/99*

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Claim	Date
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If more than 150 claims or 10 actions  
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